
CMS Manual System

Pub. 100-04 Medicare Claims Processing

Department of Health &
Human Services (DHHS)
Centers for Medicare &
Medicaid Services (CMS)

Transmittal 692

Date: SEPTEMBER 30, 2005

CHANGE REQUEST 4046

Transmittal 674 dated September 16, 2005, is rescinded and replaced by Transmittal 692 dated September 30, 2005. The only change is to the Recurring Update Notification, page 3, second line, to show that the single per diem is added to the first day of the stay. All other information remains the same.

SUBJECT: Fiscal Year (FY) 2006 Inpatient Prospective Payment System (IPPS) and Long Term Care Hospital (LTCH PPS) Changes

I. SUMMARY OF CHANGES: This change request announces changes both the IPPS and LTCH PPS policies based on the FY 2006 IPPS Final Rule.

NEW/REVISED MATERIAL - EFFECTIVE DATE*: October 1, 2005
IMPLEMENTATION DATE: October 3, 2005

Disclaimer for manual changes only: The revision date and transmittal number apply to the red italicized material only. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual not updated.)
(R = REVISED, N = NEW, D = DELETED) – (Only One Per Row.)

R/N/D	CHAPTER/SECTION/SUBSECTION/TITLE
N/A	

III. FUNDING: No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2005 operating budgets.

IV. ATTACHMENTS:

	Business Requirements
	Manual Instruction
	Confidential Requirements
	One-Time Notification
X	Recurring Update Notification

*Unless otherwise specified, the effective date is the date of service.

Attachment – Recurring Update Notification

Pub. 100-04	Transmittal: 392	Date: September 30, 2005	Change Request 4046
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Transmittal 674 dated September 16, 2005, is rescinded and replaced by Transmittal 629, dated September 30, 2005. The only change is to the Recurring Update Notification, page 3, second line, to show that the single per diem is added to the first day of the stay. All other information remains the same.

SUBJECT: Fiscal Year (FY) 2006 Inpatient Prospective Payment System (IPPS) and Long Term Care Hospital (LTCH) PPS Changes

I. GENERAL INFORMATION

A. Background: This change request (CR) outlines changes for IPPS hospitals for FY 2006. The changes for FY 2006 were published in the **Federal Register** on August 12, 2005. All items covered in this instruction are effective for hospital discharges occurring on or after October 1, 2005, unless otherwise noted.

This CR also addresses new GROUPER and diagnosis-related group (DRG) changes that are effective October 1, 2005, for hospitals paid under the IPPS, as well as under LTCH PPS. LTCH PPS rate changes occurred on July 1, 2005. Please refer to Transmittal 578, CR 3884, published on June 10, 2005, for LTCH policy changes.

B. Policy:

ICD-9-CM Changes

ICD-9-CM coding changes are effective on or after October 1, 2005. The new ICD-9-CM codes are listed, along with their DRG classifications in Tables 6a and 6b of the August 12, 2005, **Federal Register**. The ICD-9-CM codes that have been replaced by expanded codes or other codes, or have been deleted are included in Tables 6c and 6d. The revised code titles are in Tables 6e and 6f.

GROUPER 23.0 assigns each case into a DRG on the basis of the diagnosis and procedure codes and demographic information (that is age, sex, and discharge status) and is effective with discharges occurring on or after October 1, 2005. The Medicare Code Editor (MCE) 22.0 uses the new ICD-9-CM codes to validate coding for discharges on or after October 1, 2005.

Furnished Software Changes

The following software programs were issued for FY 2006:

A. IPPS PRICER 06.0 for discharges occurring on or after October 1, 2005. This processes bills with discharge dates on or after October 1, 2001. These rates were published in the August 12, 2005, **Federal Register**.

1. Rates

Standardized Amount Update Factor	1.037 1.033 (for hospitals that do not submit quality data)
Hospital Specific Update Factor	1.037 1.033 (for hospitals that do not submit quality data)
Common Fixed Loss Cost Outlier Threshold	\$23,600.00
Federal Capital Rate	\$420.65
Puerto Rico Capital Rate	\$201.93
Outlier Offset-Operating National	0.948990
Outlier Offset-Operating Puerto Rico	0.974897
Outlier Offset-Operating National PR blend	0.955467
IME Formula	$1.37*[1 + \text{resident-to-bed ratio}]^{**.405-1}$
MDH/SCH Budget Neutrality Factor	0.998993

Operating Rates:

RATES with Wage Index Greater than 1 & Full Market Basket

	Labor Share	Non Labor Share
National (NTL)	3297.84	1433.63
Puerto Rico (PR)	1402.46	859.57
Natl/PR (NPR)	3297.84	1433.63

RATES with Wage Index Less than 1 & Full Market Basket

	LS	NLS
NTL	2933.52	1797.95
PR	1327.81	934.22
NPR	2933.52	1797.95

RATES with Wage Index Greater than 1 & Reduced Market Basket

	LS	NLS
NTL	3285.12	1428.10
PR	1397.05	856.26
NPR	3285.12	1428.10

RATES with Wage Index Less than 1 & Reduced Market Basket

	LS	NLS
NTL	2922.20	1791.02
PR	1322.69	930.62
NPR	2922.20	1791.02

The revised hospital wage indices and geographic adjustment factors are contained in Tables 4a (urban areas), 4b (rural areas) and 4c (redesignated hospitals) of the August 12, 2005, **Federal Register**.

2. Postacute Care Transfer Policy

On October 1, 1998, CMS established a postacute care transfer policy which paid as transfers all cases which assigned to one of 10 DRGs if the patient was discharged to a psychiatric hospital or unit, an inpatient rehabilitation hospital or unit, a long term care hospital, a children's hospital, a cancer hospital, a skilled nursing facility, or a home health agency. As of October 1, 2004, that list was expanded to 29

DRGs. Effective for discharges on or after October 1, 2005, the list is expanded again. Please see **Attachment A** for all postacute care transfer DRGs.

13 of these DRGs are eligible for the special payment methodology wherein the payment is equal to 50 percent of the full DRG payment plus the single per diem (rather than double the per diem) for the first day of the stay plus 50 percent of the regular per diem for the remainder of the stay, up to the full amount of the DRG payment. The 13 special payment DRGs are: 7, 8, 210, 211, 233, 234, 471, 497, 498, 544, 545, 549, and 550.

3. New Technology Add-On Payment

Effective for discharges on or after October 1, 2005, there are two “new” new technology add-on payments, Restore Rechargeable Implantable Neurostimulator and GORE TAG, in addition to Kinetra®, which was effective October 1, 2004. OP-1, InFUSE™, and CRT-D are no longer included. Under 42 CFR 412.88 of the regulations, an add-on payment is made for discharges involving approved new technologies, if the total covered costs of the discharge exceed the DRG payment for the case (including adjustments for indirect medical education, disproportionate share, transfers, etc., but excluding outlier payments.) Pricer will calculate the total covered costs for this purpose by applying the operating cost-to-charge ratio (that is used for inpatient outlier purposes) to the total covered costs of the discharge. Payment for the eligible cases will be equal to:

--The DRG payment, plus

--The lesser of

50 percent of the costs of the new medical service or technology; or

50 percent of the amount by which the total covered costs (as determined above) of the case exceed the DRG payment; plus

--Any applicable outlier payments if the costs of the case exceed the DRG, plus adjustments for IME and DSH, and any approved new technology payment for the case plus the fixed loss outlier threshold. The costs of the new technology are included in the determination of whether a case qualifies for outliers.

In order to pay the add-on technology payment for the Restore Rechargeable Implantable Neurostimulator, Pricer will look for the presence of ICD-9-CM procedure code, 86.98. The maximum add-on payment for the neurostimulator is \$9,320.00.

In order to pay the add-on technology payment for GORE TAG, Pricer will look for the presence of ICD-9-CM procedure code 39.73. The maximum add-on payment for GORE TAG is \$10,599.00.

In order to pay the add-on technology payment for Kinetra®, Pricer will look for the presence of ICD-9-CM procedure codes 02.93 AND 86.95. The maximum add-on payment is \$8,285.00.

It is possible to have multiple new technologies on the same claim. Should multiple new technologies be present, Pricer will calculate each separately and then total the new technology payments. The total is in the field labeled “PPS-New-Tech-Payment-Add-On” returned from Pricer.

B. GROUPER 23.0 for discharges occurring on or after October 1, 2005. PRICER calls the appropriate GROUPER based on discharge date. Medicare contractors should have received the GROUPER documentation on or about August 1, 2005.

C. MCE 22.0 for discharges occurring on or after October 1, 2005. The MCE selects the proper internal tables based on discharge date. Medicare contractors should have received the MCE documentation on or about August 1, 2005.

D. Provider Specific File (PSF)

PSF required fields for all provider types which require a PSF can be found in the Medicare Claims Processing Manual, Pub. 100-04, Chapter 3, Section 20.2.3.1 and Addendum.

LTCHs are subject to the Core Based Statistical Area (CBSA) requirements effective for discharges on or after July 1, 2005.

Update the provider IPPS (PROV) file for each hospital as needed, and update the following fields for IPPS hospitals effective October 1, 2005 or effective with the cost reporting period that begins on or after October 1, 2005, or upon receipt of an as-filed (tentatively) settled cost report.

- Residents/beds ratio;
- Hospital beds;
- Operating cost-to-charge ratio;
- Fiscal year beginning date;
- Pass through amounts (for non-PPS and new hospitals);
- SSI ratio
- Medicaid ratio;
- Update the Special Payment Indicator (if applicable);
- If a hospital has been reclassified for FY 2006, update the wage index CBSA;
- Old capital hold-harmless rate;
- New capital hold-harmless rate;
- Capital cost-to-charge ratio;
- New hospital indicator: Overlay the "Y" with a blank if the period is more than two years after the provider accepted its first patient;
- Capital indirect medical education ratio; and
- Capital exception payment rate (as applicable).
- Effective date (this field is required at a minimum every October to maintain the functionality of the PSFs maintained by CMS.):
- Temporary Relief Indicator for "low volume" hospital (see 2 below)
- Enter "1" in the Hospital Quality Indicator field if applicable

Tables 8a and 8b of section VI of the addendum to the PPS final rule contain the FY 2006 Statewide average operating and capital cost-to-charge ratios, respectively, for urban and rural hospitals for calculation of cost outlier payments when the FI is unable to compute a reasonable hospital-specific cost-to-charge ratio (CCR). The operating CCR threshold is 1.254 and the capital threshold is 0.169.

1. CBSA Designations

Attachment B shows the IPPS providers that will be receiving a "special" wage index for FY 2006 (i.e., are "hold-harmless", are reclassified under section 508 of the MMA, receive a "special exception" under section 508 of the MMA, or receive an out-commuting adjustment under section 505 of the MMA). There are no longer any blended MSA/CBSA wage indexes effective October 1, 2006, (all wage indexes are based on CBSAs).

Note that for any provider with a Special Wage Index from FY 2005, FIs shall remove that special wage index, unless they receive a new special wage index as listed in Attachment B.

2. Low Volume Hospitals

FIs shall enter a “Y” in position 74 (Temporary Relief Indicator) if the hospital is considered “low volume”.

Hospitals considered low volume shall receive a 25% bonus to the operating final payment. To be considered “low volume” the hospital must have fewer than 200 discharges and be located at least 25 road miles from another hospital. The discharges are determined from the latest cost report. Hospitals shall notify FIs if they believe they are a low volume hospital.

The Low Volume hospital status should be re-determined at the start of the federal fiscal year. The most recent filing of a provider cost report can be used to make the determination. If the hospital is no longer low volume, the 'Y' indicator should be removed. If the hospital does meet the low volume criteria, a 'Y' should be inserted into the low volume indicator field.

3. Hospital Quality Initiative

FIs shall enter a “1” in file position 139 (Hospital Quality Indicator) for each hospital that meets the criteria for higher payments per MMA Quality standards. Leave blank if they don't meet the criteria.

The hospitals that will receive the quality initiative bonus are listed at the following website: www.qnetexchange.org. Please select ‘HDC’, then ‘List of Providers’ under the heading ‘Reporting Hospital Quality Data for Annual Payment Update’ or ‘What’s New’. This website is expected to be updated on or about September 1, 2005.

Attachment D includes the list of providers that did not meet the criteria for FY 06. Should a provider later be determined to have met the criteria after publication of this list, they will be added to the Web site, and FIs must update the provider file as needed.

For new hospitals, FIs shall provide information to the Quality Improvement Organization (QIO) as soon as possible so that the QIO can enter the provider information into the Program Resource System and follow through with ensuring provider participation with the requirements for quality data reporting. This allows the QIOs the opportunity to contact new facilities earlier in the fiscal year to inform them of the Hospital Quality Initiative.

FIs must provide this information monthly to the QIO in the State in which the hospital has opened. It should include the following:

- State Code
- Provider Name
- Provider ID number
- Medicare Accept Date
- Contact Name (if available)
- Telephone Number

E. Other Changes

Disproportionate Share (DSH) Adjustment for Urban to Rural Providers

42 CFR 412.102 provides for a transition to a rural payment amount from an urban payment amount under the operating PPS over two years. There are a few hospitals with a DSH adjustment near or greater than 0.12 (the cap on the operating DSH adjustment for certain groups of providers) that were considered urban under the former Metropolitan Statistical Areas (MSA) definitions (effective during FY 2004), but are now considered rural under the CBSA definition (effective beginning in FY 2005). These providers shall receive an adjustment to their operating DSH payment over the two years (FY 2005 & FY 2006). This adjustment has been coded into the Pricer in an attempt to most closely approximate the DSH payment they will receive upon cost report settlement. The adjustment gives these hospitals 1/3rd of the difference between the urban and rural operating DSH for FY 2006 (and 2/3rds of the difference between the urban and rural operating DSH for FY 2005).

If an FI determines that a hospital should be added to or removed from this list, they should email Stuart.Barranco@cms.hhs.gov to have the Pricer updated prior to the next release. Based on the best available data, we have identified the following providers: 180049, 190044, 190144, 190191, 330047, 340085, 370016, 370149 and 420043 (**NOTE:** Provider 440081 was included for FY 2005, but has been removed from the list).

DSH for Indian Health Service (IHS) Facilities

Urban hospitals with 100 or more beds are not subject to a maximum payment adjustment factor of the DSH adjustment. There are no special provisions that limit the DSH adjustment factor for urban IHS facilities, as recognized by CBSA code 98 or 99, with more than 100 beds. For urban IHS facilities with more than 100 beds, FIs are instructed to set the CBSA field to the actual location of the facility. The PRICER will then identify the provider as urban for DSH purposes, which will ensure that the DSH adjustment is not capped at 12%. FIs should set the Special Payment Indicator to 1 and code the Lower 48 IHS wage index of 1.4448 or the Alaskan IHS wage index of 1.9343 into the Special Wage Index field as appropriate. We suggest that the FI run a test claim to ensure this works correctly.

Capital PPS Payment for Providers Redesignated under Section 1886(d)(8)(B) of the Act

42 CFR 412.64(b)(II)(D)(3) implements section 1886(d)(8)(B) of the Act, which redesignates certain rural counties (commonly referred to as “Lugar counties”) adjacent to one or more urban areas as urban for the purposes of payment under the IPPS. Accordingly hospitals located in these “Lugar counties” (commonly referred to as “Lugar hospitals”) are deemed to be located in an urban area and receive the Federal payment amount for the urban area to which they are redesignated. Currently, there are 98 qualifying “Lugar counties” (August 11, 2004; 69 FR 49056 - 49059), effective for discharges occurring on or after

October 1, 2004. Under the capital PPS, the standard Federal rate is adjusted to reflect the higher costs incurred by hospitals located in large urban areas (large urban add-on at §412.316), as well as for hospitals in urban areas with at least 100 beds serving low-income patients (capital DSH adjustment at §412.320). In the August 11, 2004, Hospital Inpatient PPS final rule (69 FR 49250), effective for discharges occurring on or after October 1, 2004, §412.316 and §412.320 specify that capital PPS large urban add-on payments and capital PPS DSH payments, respectively, are based on a hospital's geographic classification specified in §412.64. Therefore, hospitals located in one of the 98 qualifying "Lugar counties" are considered urban for payment purposes under the capital PPS and are eligible for the capital PPS large-urban add-on and capital PPS DSH payments, if applicable. To ensure these "Lugar hospitals" are paid correctly under the capital PPS, FIs must enter the urban CBSA (for the urban area shown in chart 6 of the FY 2005 IPPS final rule (69 FR 49057 – 49059)) in the standardized amount CBSA field on the PSF. (Note, as these hospitals may request geographic reclassification for wage index purposes under section 1886(d)(10) of the Act, the urban CBSA in the standardized amount CBSA field may not necessarily be the same as the urban CBSA in the wage index CBSA field on the PSF.) However, if a "Lugar hospital" declines its redesignation as urban in order to retain its rural status, FIs must enter the rural CBSA (2-digit State code) in the standardized amount CBSA field on the PSF rather than the urban CBSA from the chart below to ensure correct payment under the capital PPS.

Multicampus Hospitals

Payment issues

Under our current policy, a multicampus hospital with campuses located in the same labor market area receives a single wage index. However, if the campuses are located in more than one labor market area, payment for each discharge is determined using the wage index value for the CBSA (or metropolitan division, where applicable) in which the campus of the hospital is located. When the satellite campus is located in a different labor market area, the fiscal intermediary should assign a unique identifier (usually a 2 digit suffix), which is added after the provider's Online Survey Certification and Reporting (OSCAR) number. This provider-specific "suffix" will ensure the campus-specific payment is based on the wage index for the labor market area where the campus is geographically located.

Reclassification

For FY 2006, FY 2007, or FY 2008, for a campus of a multicampus hospital that wishes to seek reclassification to a geographic wage area where another campus(es) is located, CMS will allow the campus of a multicampus hospital to use the average hourly wage data submitted on the cost report for the entire multicampus hospital as its wage data under 412.230(d)(2). The deadline for multicampus hospitals to reclass is the same as all other hospitals; that is, they must submit their application to the Medicare Geographical Classification Review Board (MGCRB) by September 1st of each year.

Wage Index Corrections

As stated in FY 2006 Final Rule (70 FR 47384-47387) technical errors should be corrected retroactive to the beginning of the fiscal year FY 2005 in cases where the wage index of an area has been miscalculated because of the improper assignment of a particular hospital to a labor market area or geographic reclassification if the following circumstances are present.

For FY 2006 and subsequent years classification/reclassification errors made during the proposed rule:

- (1) CMS made a technical error in assigning the hospital to a geographic labor market area;
- (2) The hospital notifies CMS of the technical error using the formal comment process and during the comment period on the proposed rule;
- (3) The error was not corrected in the final rule; and
- (4) The hospital again notifies CMS of the geographic assignment error, via written correspondence or email following the publication of the final rule, and CMS agrees prior to October 1 that an error was made.

For hospitals that meet the above criteria, the hospital or its representatives must provide documentation to CMS and the fiscal intermediary that criteria (1)-(4) have been met.

For FY 2006 and subsequent years classification/reclassification errors made for the first time during the final rule:

- (1) CMS made a technical error in the final rule in assigning the hospital to a geographic labor market area; and
- (2) The hospital notifies CMS of the error via written correspondence or email, following the publication of the final rule, and CMS agrees prior to October 1 that an error was made.

For hospitals that meet the above criteria, the hospital or its representatives must provide documentation to CMS and the fiscal intermediary that criteria (1)-(2) have been met.

F. LTCH Changes

LTCH PPS Cost-To-Charge Ratios

To ensure that the distribution of outlier payments remains equitable, for FY 2006 a LTCH's overall Medicare cost-to-charge ratio is considered not to be reasonable if the value exceeds the combined (operating plus capital) upper (ceiling) cost-to-charge ratio thresholds calculated annually by CMS under the Hospital Inpatient PPS and published in the Federal Register. Effective for discharges occurring on or after October 1, 2005, the combined operating and capital upper limit (ceiling) on cost-to-charge ratios is 1.423 (1.254 plus 0.169). If the overall Medicare cost-to-charge ratio appears not to be reasonable, the fiscal intermediary should ensure that the underlying costs and charges are properly reported prior to assigning the appropriate combined Statewide average. The appropriate (combined) Statewide average cost-to-charge ratios for FY 2006 can be found in Tables 8A and 8B of the IPPS Final Rule.

LTCH Pricer, DRGs, and Relative Weights

The annual update of the long term care diagnosis-related groups (LTC-DRGs), relative weights and GROUPER software for FY 2006 are published in the annual IPPS final rule. The same GROUPER software developed by 3M for the Hospital Inpatient PPS will be used for the LTCH PPS. The LTCH Pricer was released to the maintainer on August 8, 2005.

- Version 23.0 of the Hospital Inpatient PPS GROUPER will be used for FY 2006, but the LTCH Pricer is updated with LTCH-specific relative weights reflecting the resources used to treat the medically complex LTCH patients.
- The annual update of the LTC-DRGs, relative weights, (geometric) average length of stay and 5/6th of the average length of stay (for short-stay outlier cases) for FY 2006 was determined using the most recent available LTCH claims data (FY 2004).

For those LTCHs paid under the transition blend methodology under §412.533, for FY 2006 we are using the rebased FY 2002-based excluded hospital market basket to update the reasonable cost-based portion of their payments. As stated in the August 12, 2005 FY 2006 IPPS final rule, the forecast for FY 2006 for the FY 2002-based excluded hospital market basket is 3.8 percent.

The LTC-DRGs, relative weights, (geometric) average length of stay and 5/6th of the average length of stay effective for discharges on or after October 1, 2005, can be found in Table 11 of this final rule and are in the LTCH PPS PRICER program.

REMINDER for LTCH PROV files: At a minimum, update the Fiscal Year Begin date field of the PSF. The LTCH Pricer cannot pull the 4/5th wage index if the FYB date is not updated.

II. BUSINESS REQUIREMENTS

"Shall" denotes a mandatory requirement

"Should" denotes an optional requirement

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)								
		F I	R H H I	C a r r i e r	D M E R C	Shared System Maintainers				Other
						F I S S	M C S	V M S	C W F	
4046.1	FISS shall install and pay claims with the IPPS Pricer version 060 for discharges on or after October 1, 2005.	X				X				
4046.2	FISS shall install and pay claims with the LTCH Pricer version 061 for discharges on or after October 1, 2005	X				X				
4046.3	FISS shall install and edit claims with the MCE version 22.0 and GROUPER version 23.0 software with the implementation of the October quarterly release.					X				

III. PROVIDER EDUCATION

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)								
		F I	R H H I	C a r r i e r	D M E R C	Shared System Maintainers				Other
						F I S S	M C S	V M S	C W F	
4046.9	A provider education article related to this instruction will be available at www.cms.hhs.gov/medlearn/matters shortly after the CR is released. You will receive notification of the article release via the established "medlearn matters" listserv. Contractors shall post this article, or a direct link to this article, on their Web site and include information about it in a listserv message within 1 week of the availability of the provider education article. In addition, the provider education article shall be included in your next regularly scheduled bulletin and incorporated into any educational events on this topic. Contractors are free to supplement Medlearn Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.	X								X (CMS)

IV. SUPPORTING INFORMATION AND POSSIBLE DESIGN CONSIDERATIONS

A. Other Instructions:

X-Ref Requirement #	Instructions
4046.2	Medicare contractors shall test the third wage index column (4/5ths) of the LTCH Pricer with this release.

B. Design Considerations: N/A

X-Ref Requirement #	Recommendation for Medicare System Requirements

C. Interfaces: IPPS Pricer, LTCH Pricer, MCE, GROUPER, IPPS PSF, and LTCH PSF

D. Contractor Financial Reporting /Workload Impact: N/A

E. Dependencies: N/A

F. Testing Considerations: N/A

V. SCHEDULE, CONTACTS, AND FUNDING

<p>Effective Date*: October 1, 2005</p> <p>Implementation Date: October 3, 2005</p> <p>Pre-Implementation Contact(s): Sarah.Shirey-Losso@cms.hhs.gov or (410) 786-0187</p> <p>Post-Implementation Contact(s): Appropriate Regional Office</p>	<p>No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2005 operating budgets.</p>
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***Unless otherwise specified, the effective date is the date of service.**

ATTACHMENTS

Attachment A-PAC DRGs (FY 2006)

FY 2006 DRG V23	FY06 Post-acute Care DRG?	FY06 Special Pay DRG?	DRG TITLE
1	Yes	No	CRANIOTOMY AGE >17 W CC
2	Yes	No	CRANIOTOMY AGE >17 W/O CC
7	Yes	Yes	PERIPH & CRANIAL NERVE & OTHER NERV SYST PROC W CC
8	Yes	Yes	PERIPH & CRANIAL NERVE & OTHER NERV SYST PROC W/O CC
10	Yes	No	NERVOUS SYSTEM NEOPLASMS W CC
11	Yes	No	NERVOUS SYSTEM NEOPLASMS W/O CC
12	Yes	No	DEGENERATIVE NERVOUS SYSTEM DISORDERS
13	Yes	No	MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA
14	Yes	No	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION
15	Yes	No	NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT
16	Yes	No	NONSPECIFIC CEREBROVASCULAR DISORDERS W CC
17	Yes	No	NONSPECIFIC CEREBROVASCULAR DISORDERS W/O CC
18	Yes	No	CRANIAL & PERIPHERAL NERVE DISORDERS W CC
19	Yes	No	CRANIAL & PERIPHERAL NERVE DISORDERS W/O CC
20	Yes	No	NERVOUS SYSTEM INFECTION EXCEPT VIRAL MENINGITIS
24	Yes	No	SEIZURE & HEADACHE AGE >17 W CC
25	Yes	No	SEIZURE & HEADACHE AGE >17 W/O CC
28	Yes	No	TRAUMATIC STUPOR & COMA, COMA <1 HR AGE >17 W CC
29	Yes	No	TRAUMATIC STUPOR & COMA, COMA <1 HR AGE >17 W/O CC
34	Yes	No	OTHER DISORDERS OF NERVOUS SYSTEM W CC
35	Yes	No	OTHER DISORDERS OF NERVOUS SYSTEM W/O CC
73	Yes	No	OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES AGE >17
75	Yes	No	MAJOR CHEST PROCEDURES
76	Yes	No	OTHER RESP SYSTEM O.R. PROCEDURES W CC
77	Yes	No	OTHER RESP SYSTEM O.R. PROCEDURES W/O CC
78	Yes	No	PULMONARY EMBOLISM
79	Yes	No	RESPIRATORY INFECTIONS & INFLAMMATIONS AGE >17 W CC
80	Yes	No	RESPIRATORY INFECTIONS & INFLAMMATIONS AGE >17 W/O CC
82	Yes	No	RESPIRATORY NEOPLASMS
83	Yes	No	MAJOR CHEST TRAUMA W CC
84	Yes	No	MAJOR CHEST TRAUMA W/O CC
85	Yes	No	PLEURAL EFFUSION W CC
86	Yes	No	PLEURAL EFFUSION W/O CC
89	Yes	No	SIMPLE PNEUMONIA & PLEURISY AGE >17 W CC

Attachment A-PAC DRGs (FY 2006)

90	Yes	No	SIMPLE PNEUMONIA & PLEURISY AGE >17 W/O CC
92	Yes	No	INTERSTITIAL LUNG DISEASE W CC
93	Yes	No	INTERSTITIAL LUNG DISEASE W/O CC
101	Yes	No	OTHER RESPIRATORY SYSTEM DIAGNOSES W CC
102	Yes	No	OTHER RESPIRATORY SYSTEM DIAGNOSES W/O CC
104	Yes	No	CARDIAC VALVE & OTH MAJOR CARDIOTHORACIC PROC W CARD (
105	Yes	No	CARDIAC VALVE & OTH MAJOR CARDIOTHORACIC PROC W/O CARI
108	Yes	No	OTHER CARDIOTHORACIC PROCEDURES
113	Yes	No	AMPUTATION FOR CIRC SYSTEM DISORDERS EXCEPT UPPER LIME
114	Yes	No	UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS
120	Yes	No	OTHER CIRCULATORY SYSTEM O.R. PROCEDURES
121	Yes	No	CIRCULATORY DISORDERS W AMI & MAJOR COMP, DISCHARGED /
126	Yes	No	ACUTE & SUBACUTE ENDOCARDITIS
127	Yes	No	HEART FAILURE & SHOCK
130	Yes	No	PERIPHERAL VASCULAR DISORDERS W CC
131	Yes	No	PERIPHERAL VASCULAR DISORDERS W/O CC
144	Yes	No	OTHER CIRCULATORY SYSTEM DIAGNOSES W CC
145	Yes	No	OTHER CIRCULATORY SYSTEM DIAGNOSES W/O CC
146	Yes	No	RECTAL RESECTION W CC
147	Yes	No	RECTAL RESECTION W/O CC
148	Yes	No	MAJOR SMALL & LARGE BOWEL PROCEDURES W CC
149	Yes	No	MAJOR SMALL & LARGE BOWEL PROCEDURES W/O CC
150	Yes	No	PERITONEAL ADHESIOLYSIS W CC
151	Yes	No	PERITONEAL ADHESIOLYSIS W/O CC
154	Yes	No	STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES AGE >17 W (
155	Yes	No	STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES AGE >17 W/(
157	Yes	No	ANAL & STOMAL PROCEDURES W CC
158	Yes	No	ANAL & STOMAL PROCEDURES W/O CC
170	Yes	No	OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W CC
171	Yes	No	OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W/O CC
172	Yes	No	DIGESTIVE MALIGNANCY W CC
173	Yes	No	DIGESTIVE MALIGNANCY W/O CC
176	Yes	No	COMPLICATED PEPTIC ULCER
180	Yes	No	G.I. OBSTRUCTION W CC
181	Yes	No	G.I. OBSTRUCTION W/O CC
188	Yes	No	OTHER DIGESTIVE SYSTEM DIAGNOSES AGE >17 W CC
189	Yes	No	OTHER DIGESTIVE SYSTEM DIAGNOSES AGE >17 W/O CC

Attachment A-PAC DRGs (FY 2006)

191	Yes	No	PANCREAS, LIVER & SHUNT PROCEDURES W CC
192	Yes	No	PANCREAS, LIVER & SHUNT PROCEDURES W/O CC
197	Yes	No	CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W CC
198	Yes	No	CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W/O C
205	Yes	No	DISORDERS OF LIVER EXCEPT MALIG,CIRR,ALC HEPA W CC
206	Yes	No	DISORDERS OF LIVER EXCEPT MALIG,CIRR,ALC HEPA W/O CC
210	Yes	Yes	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE >17 W CC
211	Yes	Yes	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE >17 W/O C
213	Yes	No	AMPUTATION FOR MUSCULOSKELETAL SYSTEM & CONN TISSUE D
216	Yes	No	BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE
217	Yes	No	WND DEBRID & SKN GRFT EXCEPT HAND, FOR MUSCSKELET & COI
218	Yes	No	LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR AGE >
219	Yes	No	LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR AGE >
225	Yes	No	FOOT PROCEDURES
226	Yes	No	SOFT TISSUE PROCEDURES W CC
227	Yes	No	SOFT TISSUE PROCEDURES W/O CC
233	Yes	Yes	OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W CC
234	Yes	Yes	OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W/O CC
235	Yes	No	FRACTURES OF FEMUR
236	Yes	No	FRACTURES OF HIP & PELVIS
238	Yes	No	OSTEOMYELITIS
239	Yes	No	PATHOLOGICAL FRACTURES & MUSCULOSKELETAL & CONN TISS I
240	Yes	No	CONNECTIVE TISSUE DISORDERS W CC
241	Yes	No	CONNECTIVE TISSUE DISORDERS W/O CC
244	Yes	No	BONE DISEASES & SPECIFIC ARTHROPATHIES W CC
245	Yes	No	BONE DISEASES & SPECIFIC ARTHROPATHIES W/O CC
250	Yes	No	FX, SPRN, STRN & DISL OF FOREARM, HAND, FOOT AGE >17 W CC
251	Yes	No	FX, SPRN, STRN & DISL OF FOREARM, HAND, FOOT AGE >17 W/O C
253	Yes	No	FX, SPRN, STRN & DISL OF UPARM, LOWLEG EX FOOT AGE >17 W C
254	Yes	No	FX, SPRN, STRN & DISL OF UPARM, LOWLEG EX FOOT AGE >17 W/C
256	Yes	No	OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAG
263	Yes	No	SKIN GRAFT &/OR DEBRID FOR SKN ULCER OR CELLULITIS W CC
264	Yes	No	SKIN GRAFT &/OR DEBRID FOR SKN ULCER OR CELLULITIS W/O CC
265	Yes	No	SKIN GRAFT &/OR DEBRID EXCEPT FOR SKIN ULCER OR CELLULITI
266	Yes	No	SKIN GRAFT &/OR DEBRID EXCEPT FOR SKIN ULCER OR CELLULITI
269	Yes	No	OTHER SKIN, SUBCUT TISS & BREAST PROC W CC
270	Yes	No	OTHER SKIN, SUBCUT TISS & BREAST PROC W/O CC

Attachment A-PAC DRGs (FY 2006)

271	Yes	No	SKIN ULCERS
272	Yes	No	MAJOR SKIN DISORDERS W CC
273	Yes	No	MAJOR SKIN DISORDERS W/O CC
277	Yes	No	CELLULITIS AGE >17 W CC
278	Yes	No	CELLULITIS AGE >17 W/O CC
280	Yes	No	TRAUMA TO THE SKIN, SUBCUT TISS & BREAST AGE >17 W CC
281	Yes	No	TRAUMA TO THE SKIN, SUBCUT TISS & BREAST AGE >17 W/O CC
283	Yes	No	MINOR SKIN DISORDERS W CC
284	Yes	No	MINOR SKIN DISORDERS W/O CC
285	Yes	No	AMPUTAT OF LOWER LIMB FOR ENDOCRINE,NUTRIT,& METABOL D
287	Yes	No	SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DI
292	Yes	No	OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W CC
293	Yes	No	OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W/O CC
294	Yes	No	DIABETES AGE >35
296	Yes	No	NUTRITIONAL & MISC METABOLIC DISORDERS AGE >17 W CC
297	Yes	No	NUTRITIONAL & MISC METABOLIC DISORDERS AGE >17 W/O CC
300	Yes	No	ENDOCRINE DISORDERS W CC
301	Yes	No	ENDOCRINE DISORDERS W/O CC
304	Yes	No	KIDNEY,URETER & MAJOR BLADDER PROC FOR NON-NEOPL W CC
305	Yes	No	KIDNEY,URETER & MAJOR BLADDER PROC FOR NON-NEOPL W/O C
316	Yes	No	RENAL FAILURE
320	Yes	No	KIDNEY & URINARY TRACT INFECTIONS AGE >17 W CC
321	Yes	No	KIDNEY & URINARY TRACT INFECTIONS AGE >17 W/O CC
331	Yes	No	OTHER KIDNEY & URINARY TRACT DIAGNOSES AGE >17 W CC
332	Yes	No	OTHER KIDNEY & URINARY TRACT DIAGNOSES AGE >17 W/O CC
395	Yes	No	RED BLOOD CELL DISORDERS AGE >17
401	Yes	No	LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER O.R. PROC W CC
402	Yes	No	LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER O.R. PROC W/O CC
403	Yes	No	LYMPHOMA & NON-ACUTE LEUKEMIA W CC
404	Yes	No	LYMPHOMA & NON-ACUTE LEUKEMIA W/O CC
415	Yes	No	O.R. PROCEDURE FOR INFECTIOUS & PARASITIC DISEASES
416	Yes	No	SEPTICEMIA AGE >17
418	Yes	No	POSTOPERATIVE & POST-TRAUMATIC INFECTIONS
423	Yes	No	OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES
429	Yes	No	ORGANIC DISTURBANCES & MENTAL RETARDATION
430	Yes	No	PSYCHOSES
440	Yes	No	WOUND DEBRIDEMENTS FOR INJURIES

Attachment A-PAC DRGs (FY 2006)

442	Yes	No	OTHER O.R. PROCEDURES FOR INJURIES W CC
443	Yes	No	OTHER O.R. PROCEDURES FOR INJURIES W/O CC
444	Yes	No	TRAUMATIC INJURY AGE >17 W CC
445	Yes	No	TRAUMATIC INJURY AGE >17 W/O CC
462	Yes	No	REHABILITATION
463	Yes	No	SIGNS & SYMPTOMS W CC
464	Yes	No	SIGNS & SYMPTOMS W/O CC
468	Yes	No	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNO
471	Yes	Yes	BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTRE
475	Yes	No	RESPIRATORY SYSTEM DIAGNOSIS WITH VENTILATOR SUPPORT
477	Yes	No	NON-EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIA
482	Yes	No	TRACHEOSTOMY FOR FACE,MOUTH & NECK DIAGNOSES
485	Yes	No	LIMB REATTACHMENT, HIP AND FEMUR PROC FOR MULTIPLE SIGN
487	Yes	No	OTHER MULTIPLE SIGNIFICANT TRAUMA
497	Yes	Yes	SPINAL FUSION EXCEPT CERVICAL W CC
498	Yes	Yes	SPINAL FUSION EXCEPT CERVICAL W/O CC
501	Yes	No	KNEE PROCEDURES W PDX OF INFECTION W CC
502	Yes	No	KNEE PROCEDURES W PDX OF INFECTION W/O CC
521	Yes	No	ALCOHOL/DRUG ABUSE OR DEPENDENCE W CC
522	Yes	No	ALC/DRUG ABUSE OR DEPEND W REHABILITATION THERAPY W/O (
529	Yes	No	VENTRICULAR SHUNT PROCEDURES W CC
530	Yes	No	VENTRICULAR SHUNT PROCEDURES W/O CC
531	Yes	No	SPINAL PROCEDURES W CC
532	Yes	No	SPINAL PROCEDURES W/O CC
537	Yes	No	LOCAL EXCIS & REMOV OF INT FIX DEV EXCEPT HIP & FEMUR W C
538	Yes	No	LOCAL EXCIS & REMOV OF INT FIX DEV EXCEPT HIP & FEMUR W/O
541	Yes	No	ECMO OR TRACH W MV 96+HRS OR PDX EXC FACE, MOUTH & NEC
542	Yes	No	TRACH W MV 96+HRS OR PDX EXC FACE, MOUTH & NECK W/O MAJ
543	Yes	No	CRANIOTOMY W/IMPLANT OF CHEMO AGENT OR ACUTE COMPLX (
544	Yes	Yes	MAJOR JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXT
545	Yes	Yes	REVISION OF HIP OR KNEE REPLACEMENT
547	Yes	No	CORONARY BYPASS W CARDIAC CATH W MAJOR CV DX
548	Yes	No	CORONARY BYPASS W CARDIAC CATH W/O MAJOR CV DX
549	Yes	Yes	CORONARY BYPASS W/O CARDIAC CATH W MAJOR CV DX
550	Yes	Yes	CORONARY BYPASS W/O CARDIAC CATH W/O MAJOR CV DX
553	Yes	No	OTHER VASCULAR PROCEDURES W CC W MAJOR CV DX
554	Yes	No	OTHER VASCULAR PROCEDURES W CC W/O MAJOR CV DX

Attachment A-PAC DRGs (FY 2006)

Attachment A-PAC DRGs (FY 2006)

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Attachment A-PAC DRGs (FY 2006)

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17 W/O CC

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IS W/O CC

Attachment A-PAC DRGs (FY 2006)

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Attachment A-PAC DRGs (FY 2006)

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J O.R.
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REMIT

Attachment B-FY 06 Special WI

Provider Number	Hold Harmless	Section 508 Reclass	Special Exception Wage Index	Out- Commuting Section 505	Final FY06 Wage Index
010005	YES			YES	0.9379
010009				YES	0.8601
010010	YES			YES	0.9379
010021	YES				0.7757
010038				YES	0.7779
010047				YES	0.7618
010054				YES	0.8601
010061				YES	0.7969
010078				YES	0.7779
010083	YES				0.8081
010085				YES	0.8601
010100	YES				0.8081
010109				YES	0.7914
010115				YES	0.7556
010129	YES			YES	0.8019
010146				YES	0.7779
010150		YES			0.8394
020008		YES			1.2828
030055	YES				1.1404
030069	YES				1.1404
030101	YES				1.1404
040071				YES	0.8733
050008				YES	1.5000
050016				YES	1.1449
050046				YES	1.1769
050047				YES	1.5000
050055				YES	1.5000
050082				YES	1.1769
050084				YES	1.1884
050101				YES	1.5194
050117				YES	1.1575
050122				YES	1.1884
050133				YES	1.1212
050152				YES	1.5000
050159				YES	1.1769
050167				YES	1.1884
050177				YES	1.1769
050232				YES	1.1449
050236				YES	1.1769
050313				YES	1.1884
050325				YES	1.1218
050335				YES	1.1218
050336				YES	1.1884
050367				YES	1.5194
050394				YES	1.1769
050407				YES	1.5000
050444				YES	1.1575
050454				YES	1.5000

Attachment B-FY 06 Special WI

050457			YES	1.5000
050476			YES	1.1299
050494	YES			1.3467
050506			YES	1.1449
050549	YES			1.3467
050568			YES	1.1104
050616			YES	1.1769
050633			YES	1.1449
050680			YES	1.5194
050695			YES	1.1884
050731			YES	1.1194
060075	YES			1.1697
070001	YES			1.2739
070005	YES			1.2739
070006		YES		1.3194
070010	YES			1.3194
070016	YES			1.2739
070017	YES			1.2739
070018		YES		1.3194
070019	YES			1.2739
070020			YES	1.1799
070022	YES			1.2739
070028	YES			1.3194
070031	YES			1.2739
070034		YES		1.3194
070036	YES			1.2913
070039	YES			1.2739
080001			YES	1.0579
080003			YES	1.0579
100014			YES	0.9416
100017			YES	0.9416
100047			YES	0.9286
100062			YES	0.9006
100068			YES	0.9416
100072			YES	0.9416
100077			YES	0.9286
100102			YES	0.8709
100156			YES	0.8709
100175			YES	0.8815
100212			YES	0.9006
100232	YES		YES	0.9722
100236			YES	0.9286
100290			YES	0.9166
110027			YES	0.8066
110124			YES	0.8107
110136			YES	0.7940
110190			YES	0.7861
130024			YES	0.8964
130066			YES	0.9982
140026			YES	0.8625
140033			YES	1.0581
140084			YES	1.0581

Attachment B-FY 06 Special WI

140100		YES	1.0581
140130		YES	1.0581
140155		YES	1.0765
140186		YES	1.0765
140202		YES	1.0581
140205		YES	1.0128
150022		YES	0.8875
150034	YES		1.0646
150035		YES	0.9473
150045	YES	YES	1.0203
150052	YES		0.9254
150062		YES	0.8779
150091	YES	YES	1.0360
150106	YES		0.9787
150122		YES	0.8825
160013		YES	0.8771
160030		YES	0.9577
160032		YES	0.8825
160040		YES	0.8813
160064		YES	1.0218
160067		YES	0.8813
160110		YES	0.8813
180049	YES		0.9051
180055	YES		0.9051
180128		YES	0.8062
190010		YES	0.7839
190017	YES	YES	0.8655
190044	YES		0.8420
190054		YES	0.7545
190078	YES	YES	0.8655
190088	YES	YES	0.9463
190133		YES	0.7676
190144	YES	YES	0.9463
190184		YES	0.7599
190190		YES	0.7599
190191	YES		0.8461
190218		YES	0.8758
190246		YES	0.7599
200013		YES	0.9017
200032		YES	0.9297
210001		YES	0.9647
210004		YES	1.1499
210016		YES	1.1499
210018		YES	1.1499
210022		YES	1.1499
210023		YES	1.0091
210043		YES	1.0091
210048		YES	1.0169
210057		YES	1.1499
220002		YES	1.1415
220006		YES	1.1021
220011		YES	1.1415

Attachment B-FY 06 Special WI

220046		YES		1.1274
220049			YES	1.1415
220063			YES	1.1415
220070			YES	1.1415
220082			YES	1.1415
220084			YES	1.1415
220089			YES	1.1415
220098			YES	1.1415
220101			YES	1.1415
220105			YES	1.1415
220171			YES	1.1415
230003		YES		1.0393
230004		YES		1.0393
230005	YES			1.0874
230013		YES		1.0461
230015			YES	0.9325
230019		YES		1.0461
230020		YES		1.0570
230021			YES	0.9102
230024		YES		1.0570
230029		YES		1.0461
230036		YES		1.0461
230038		YES		1.0393
230041			YES	0.9624
230053		YES		1.0570
230059		YES		1.0393
230066		YES		1.0393
230071		YES		1.0461
230072		YES		1.0393
230075			YES	0.9635
230089		YES		1.0570
230092			YES	0.9680
230097		YES		1.0393
230104		YES		1.0570
230106		YES		1.0393
230119		YES		1.0570
230120	YES			1.0874
230130		YES		1.0461
230135		YES		1.0570
230146		YES		1.0570
230151		YES		1.0461
230165		YES		1.0570
230174		YES		1.0393
230176		YES		1.0570
230184			YES	0.9680
230207		YES		1.0461
230222	YES		YES	0.9368
230223		YES		1.0461
230236		YES		1.0393
230254		YES		1.0461
230269		YES		1.0461
230270		YES		1.0570

Attachment B-FY 06 Special WI

230273	YES			1.0570
230277	YES			1.0461
240021			YES	1.0052
240044			YES	1.0000
240154			YES	0.9270
250002	YES			0.8603
250045			YES	0.8955
250078		YES		0.8603
250122	YES			0.8603
260011			YES	0.8388
260097			YES	0.8344
260127			YES	0.8077
270002		YES		0.9526
270012		YES		0.9526
270021	YES			0.8846
270023	YES			0.8846
270032	YES			0.8846
270057	YES			0.8846
280054			YES	0.8795
280123			YES	0.8795
290020	YES			1.1404
290049			YES	1.0245
300017			YES	1.1922
300023			YES	1.1922
300029			YES	1.1922
310010			YES	1.1319
310011			YES	1.1342
310021	YES			1.3194
310028	YES			1.3194
310039			YES	1.1640
310044			YES	1.1319
310050	YES			1.3194
310051	YES			1.3194
310060	YES			1.3194
310092			YES	1.1319
310108			YES	1.1640
310110			YES	1.1319
310115	YES			1.3194
310120	YES			1.3194
310123			YES	1.2230
310124			YES	1.1640
320003			YES	0.9269
320011			YES	0.9082
320018			YES	0.8703
320085			YES	0.8703
330023		YES		1.3194
330047	YES			0.8607
330049	YES			1.3194
330067		YES		1.3194
330106	YES			1.4804
330126	YES			1.3194
330135	YES			1.3194

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330166	YES			0.8217
330167			YES	1.2876
330198			YES	1.2876
330205		YES		1.3194
330209		YES		1.2739
330224			YES	1.0217
330225			YES	1.2876
330229	YES			0.8415
330239	YES			0.8415
330259			YES	1.2876
330264		YES		1.2739
330276			YES	0.8280
330331			YES	1.2876
330332			YES	1.2876
330372			YES	1.2876
340002		YES		0.9577
340015	YES		YES	0.9974
340020			YES	0.8751
340037			YES	0.8760
340070			YES	0.9341
340085	YES		YES	0.9501
340096	YES		YES	0.9501
340104			YES	0.8760
340126	YES			0.9411
340133			YES	0.8852
350002		YES		0.8769
350003		YES		0.8769
350006		YES		0.8769
350010		YES		0.8769
350014		YES		0.8769
350015		YES		0.8769
350017		YES		0.8769
350019			YES	0.8769
350030		YES		0.8769
360032	YES			0.9271
360070			YES	0.8976
360071	YES			0.9271
360084			YES	0.8976
360100			YES	0.8976
360131			YES	0.8976
360151			YES	0.8976
360156			YES	0.9039
360267			YES	0.8976
370016	YES			0.8673
370023			YES	0.7691
370026	YES			0.8673
370065			YES	0.7728
370149	YES		YES	0.9390
380002			YES	1.0431
380022			YES	1.0502
380029			YES	1.0510
380051			YES	1.0510

Attachment B-FY 06 Special WI

380056			YES	1.0510
380090		YES		1.2303
390001		YES		0.9834
390003		YES		0.9834
390008	YES			0.8832
390011			YES	0.8352
390016	YES			0.8832
390039	YES			0.8340
390044			YES	0.9888
390046			YES	0.9447
390054		YES		0.9706
390056			YES	0.8331
390072		YES		0.9834
390095		YES		0.9834
390096			YES	0.9888
390101			YES	0.9447
390109		YES		0.9834
390112	YES			0.8340
390119		YES		0.9834
390130			YES	0.8352
390137		YES		0.9834
390146			YES	0.8342
390162			YES	1.0034
390169		YES		0.9834
390185		YES		0.9706
390192		YES		0.9834
390201			YES	0.9416
390233			YES	0.9447
390237		YES		0.9834
390270		YES		0.9706
410010		YES		1.1734
420007			YES	0.9175
420027			YES	0.9198
420043	YES		YES	0.9351
420083			YES	0.9175
420093			YES	0.9175
420098			YES	0.8695
430005		YES		0.8993
430008			YES	0.9607
430013			YES	0.9607
430015		YES		0.9607
430031			YES	0.9607
430048		YES		0.9607
430060		YES		0.9607
430064		YES		0.9607
430077		YES		0.9607
430091		YES		0.9607
440024			YES	0.8544
440030			YES	0.8059
440047			YES	0.8502
440056			YES	0.8324
440063			YES	0.8014

Attachment B-FY 06 Special WI

440081	YES			0.8456
440105			YES	0.8014
440114			YES	0.8526
440115			YES	0.8502
440153			YES	0.8010
440174			YES	0.8375
440181			YES	0.8410
440184			YES	0.8014
450010		YES		0.8936
450050			YES	0.8803
450072		YES		0.9996
450163			YES	0.8187
450362			YES	0.8539
450370			YES	0.8311
450395			YES	0.8537
450465			YES	0.8488
450565			YES	0.8539
450591		YES		0.9996
450596	YES		YES	1.0299
450597			YES	0.8130
450763			YES	0.8289
450813			YES	0.8248
460017			YES	0.8518
460018	YES			1.2082
470003		YES		1.1274
470018			YES	1.0476
490001		YES		0.8697
490019	YES		YES	1.2168
490024		YES		0.8506
490038			YES	0.8047
490084			YES	0.8192
490110			YES	0.8107
500007			YES	1.0688
500019			YES	1.0693
500021			YES	1.0793
500024			YES	1.0982
500079			YES	1.0793
500108			YES	1.0793
500129			YES	1.0793
500139			YES	1.0982
500143			YES	1.0982
510039			YES	0.7846
510050			YES	0.7846
520035			YES	0.9584
520044			YES	0.9584
520057			YES	0.9625
520132			YES	0.9584
530008		YES		0.9249
530010		YES		0.9249
530015		YES		0.9887

Attachment C- LTCH Surgical DRGs
FY 2006

DRG	DRG TITLE
1	CRANIOTOMY AGE >17 W CC
2	CRANIOTOMY AGE >17 W/O CC
3	CRANIOTOMY AGE 0-17
6	CARPAL TUNNEL RELEASE
7	PERIPH & CRANIAL NERVE & OTHER NERV SYST PROC W CC
8	PERIPH & CRANIAL NERVE & OTHER NERV SYST PROC W/O CC
36	RETINAL PROCEDURES
37	ORBITAL PROCEDURES
38	PRIMARY IRIS PROCEDURES
39	LENS PROCEDURES WITH OR WITHOUT VITRECTOMY
40	EXTRAOCULAR PROCEDURES EXCEPT ORBIT AGE >17
41	EXTRAOCULAR PROCEDURES EXCEPT ORBIT AGE 0-17
42	INTRAOCULAR PROCEDURES EXCEPT RETINA, IRIS & LENS
49	MAJOR HEAD & NECK PROCEDURES
50	SIALOADENECTOMY
51	SALIVARY GLAND PROCEDURES EXCEPT SIALOADENECTOMY
52	CLEFT LIP & PALATE REPAIR
53	SINUS & MASTOID PROCEDURES AGE >17
54	SINUS & MASTOID PROCEDURES AGE 0-17
55	MISCELLANEOUS EAR, NOSE, MOUTH & THROAT PROCEDURES
56	RHINOPLASTY
57	T&A PROC, EXCEPT TONSILLECTOMY &/OR ADENOIDECTOMY ONLY, AGE >17
58	T&A PROC, EXCEPT TONSILLECTOMY &/OR ADENOIDECTOMY ONLY, AGE 0-17
59	TONSILLECTOMY &/OR ADENOIDECTOMY ONLY, AGE >17
60	TONSILLECTOMY &/OR ADENOIDECTOMY ONLY, AGE 0-17
61	MYRINGOTOMY W TUBE INSERTION AGE >17
62	MYRINGOTOMY W TUBE INSERTION AGE 0-17
63	OTHER EAR, NOSE, MOUTH & THROAT O.R. PROCEDURES
75	MAJOR CHEST PROCEDURES
76	OTHER RESP SYSTEM O.R. PROCEDURES W CC
77	OTHER RESP SYSTEM O.R. PROCEDURES W/O CC
103	HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM
104	CARDIAC VALVE & OTH MAJOR CARDIOTHORACIC PROC W CARD CATH
105	CARDIAC VALVE & OTH MAJOR CARDIOTHORACIC PROC W/O CARD CATH
106	CORONARY BYPASS W PTCA
108	OTHER CARDIOTHORACIC PROCEDURES

Attachment C- LTCH Surgical DRGs
FY 2006

110 MAJOR CARDIOVASCULAR PROCEDURES W CC
111 MAJOR CARDIOVASCULAR PROCEDURES W/O CC
113 AMPUTATION FOR CIRC SYSTEM DISORDERS EXCEPT UPPER LIMB & TOE
114 UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS
117 CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT
118 CARDIAC PACEMAKER DEVICE REPLACEMENT
119 VEIN LIGATION & STRIPPING
120 OTHER CIRCULATORY SYSTEM O.R. PROCEDURES
146 RECTAL RESECTION W CC
147 RECTAL RESECTION W/O CC
148 MAJOR SMALL & LARGE BOWEL PROCEDURES W CC
149 MAJOR SMALL & LARGE BOWEL PROCEDURES W/O CC
150 PERITONEAL ADHESIOLYSIS W CC
151 PERITONEAL ADHESIOLYSIS W/O CC
152 MINOR SMALL & LARGE BOWEL PROCEDURES W CC
153 MINOR SMALL & LARGE BOWEL PROCEDURES W/O CC
154 STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES AGE >17 W CC
155 STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES AGE >17 W/O CC
156 STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES AGE 0-17
157 ANAL & STOMAL PROCEDURES W CC
158 ANAL & STOMAL PROCEDURES W/O CC
159 HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL AGE >17 W CC
160 HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL AGE >17 W/O CC
161 INGUINAL & FEMORAL HERNIA PROCEDURES AGE >17 W CC
162 INGUINAL & FEMORAL HERNIA PROCEDURES AGE >17 W/O CC
163 HERNIA PROCEDURES AGE 0-17
164 APPENDECTOMY W COMPLICATED PRINCIPAL DIAG W CC
165 APPENDECTOMY W COMPLICATED PRINCIPAL DIAG W/O CC
166 APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W CC
167 APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W/O CC
168 MOUTH PROCEDURES W CC
169 MOUTH PROCEDURES W/O CC
170 OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W CC
171 OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W/O CC
191 PANCREAS, LIVER & SHUNT PROCEDURES W CC
192 PANCREAS, LIVER & SHUNT PROCEDURES W/O CC
193 BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W CC

Attachment C- LTCH Surgical DRGs
FY 2006

194 BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W/O CC
195 CHOLECYSTECTOMY W C.D.E. W CC
196 CHOLECYSTECTOMY W C.D.E. W/O CC
197 CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W CC
198 CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W/O CC
199 HEPATOBILIARY DIAGNOSTIC PROCEDURE FOR MALIGNANCY
200 HEPATOBILIARY DIAGNOSTIC PROCEDURE FOR NON-MALIGNANCY
201 OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES
210 HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE >17 W CC
211 HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE >17 W/O CC
212 HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE 0-17
213 AMPUTATION FOR MUSCULOSKELETAL SYSTEM & CONN TISSUE DISORDERS
216 BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE
217 WND DEBRID & SKN GRFT EXCEPT HAND, FOR MUSCULOSKELET & CONN TISS DIS
218 LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR AGE >17 W CC
219 LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR AGE >17 W/O CC
220 LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR AGE 0-17
223 MAJOR SHOULDER/ELBOW PROC, OR OTHER UPPER EXTREMITY PROC W CC
224 SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC, W/O CC
225 FOOT PROCEDURES
226 SOFT TISSUE PROCEDURES W CC
227 SOFT TISSUE PROCEDURES W/O CC
228 MAJOR THUMB OR JOINT PROC, OR OTH HAND OR WRIST PROC W CC
229 HAND OR WRIST PROC, EXCEPT MAJOR JOINT PROC, W/O CC
230 LOCAL EXCISION & REMOVAL OF INT FIX DEVICES OF HIP & FEMUR
232 ARTHROSCOPY
233 OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W CC
234 OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W/O CC
257 TOTAL MASTECTOMY FOR MALIGNANCY W CC
258 TOTAL MASTECTOMY FOR MALIGNANCY W/O CC
259 SUBTOTAL MASTECTOMY FOR MALIGNANCY W CC
260 SUBTOTAL MASTECTOMY FOR MALIGNANCY W/O CC
261 BREAST PROC FOR NON-MALIGNANCY EXCEPT BIOPSY & LOCAL EXCISION
262 BREAST BIOPSY & LOCAL EXCISION FOR NON-MALIGNANCY
263 SKIN GRAFT &/OR DEBRID FOR SKN ULCER OR CELLULITIS W CC
264 SKIN GRAFT &/OR DEBRID FOR SKN ULCER OR CELLULITIS W/O CC
265 SKIN GRAFT &/OR DEBRID EXCEPT FOR SKIN ULCER OR CELLULITIS W CC

Attachment C- LTCH Surgical DRGs
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266 SKIN GRAFT &/OR DEBRID EXCEPT FOR SKIN ULCER OR CELLULITIS W/O CC
267 PERIANAL & PILONIDAL PROCEDURES
268 SKIN, SUBCUTANEOUS TISSUE & BREAST PLASTIC PROCEDURES
269 OTHER SKIN, SUBCUT TISS & BREAST PROC W CC
270 OTHER SKIN, SUBCUT TISS & BREAST PROC W/O CC
285 AMPUTAT OF LOWER LIMB FOR ENDOCRINE,NUTRIT,& METABOL DISORDERS
286 ADRENAL & PITUITARY PROCEDURES
287 SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DISORDERS
288 O.R. PROCEDURES FOR OBESITY
289 PARATHYROID PROCEDURES
290 THYROID PROCEDURES
291 THYROGLOSSAL PROCEDURES
292 OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W CC
293 OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W/O CC
302 KIDNEY TRANSPLANT
303 KIDNEY, URETER & MAJOR BLADDER PROCEDURES FOR NEOPLASM
304 KIDNEY, URETER & MAJOR BLADDER PROC FOR NON-NEOPL W CC
305 KIDNEY, URETER & MAJOR BLADDER PROC FOR NON-NEOPL W/O CC
306 PROSTATECTOMY W CC
307 PROSTATECTOMY W/O CC
308 MINOR BLADDER PROCEDURES W CC
309 MINOR BLADDER PROCEDURES W/O CC
310 TRANSURETHRAL PROCEDURES W CC
311 TRANSURETHRAL PROCEDURES W/O CC
312 URETHRAL PROCEDURES, AGE >17 W CC
313 URETHRAL PROCEDURES, AGE >17 W/O CC
314 URETHRAL PROCEDURES, AGE 0-17
315 OTHER KIDNEY & URINARY TRACT O.R. PROCEDURES
334 MAJOR MALE PELVIC PROCEDURES W CC
335 MAJOR MALE PELVIC PROCEDURES W/O CC
336 TRANSURETHRAL PROSTATECTOMY W CC
337 TRANSURETHRAL PROSTATECTOMY W/O CC
338 TESTES PROCEDURES, FOR MALIGNANCY
339 TESTES PROCEDURES, NON-MALIGNANCY AGE >17
340 TESTES PROCEDURES, NON-MALIGNANCY AGE 0-17
341 PENIS PROCEDURES
342 CIRCUMCISION AGE >17

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343 CIRCUMCISION AGE 0-17
344 OTHER MALE REPRODUCTIVE SYSTEM O.R. PROCEDURES FOR MALIGNANCY
345 OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXCEPT FOR MALIGNANCY
353 PELVIC EVISCERATION, RADICAL HYSTERECTOMY & RADICAL VULVECTOMY
354 UTERINE,ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W CC
355 UTERINE,ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W/O CC
356 FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES
357 UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY
358 UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W CC
359 UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC
360 VAGINA, CERVIX & VULVA PROCEDURES
361 LAPAROSCOPY & INCISIONAL TUBAL INTERRUPTION
362 ENDOSCOPIC TUBAL INTERRUPTION
363 D&C, CONIZATION & RADIO-IMPLANT, FOR MALIGNANCY
364 D&C, CONIZATION EXCEPT FOR MALIGNANCY
365 OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES
370 CESAREAN SECTION W CC
371 CESAREAN SECTION W/O CC
374 VAGINAL DELIVERY W STERILIZATION &/OR D&C
375 VAGINAL DELIVERY W O.R. PROC EXCEPT STERIL &/OR D&C
377 POSTPARTUM & POST ABORTION DIAGNOSES W O.R. PROCEDURE
381 ABORTION W D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY
392 SPLENECTOMY AGE >17
393 SPLENECTOMY AGE 0-17
394 OTHER O.R. PROCEDURES OF THE BLOOD AND BLOOD FORMING ORGANS
401 LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER O.R. PROC W CC
402 LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER O.R. PROC W/O CC
406 MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R.PROC W CC
407 MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R.PROC W/O CC
408 MYELOPROLIF DISORD OR POORLY DIFF NEOPL W OTHER O.R.PROC
415 O.R. PROCEDURE FOR INFECTIOUS & PARASITIC DISEASES
424 O.R. PROCEDURE W PRINCIPAL DIAGNOSES OF MENTAL ILLNESS
439 SKIN GRAFTS FOR INJURIES
440 WOUND DEBRIDEMENTS FOR INJURIES
441 HAND PROCEDURES FOR INJURIES
442 OTHER O.R. PROCEDURES FOR INJURIES W CC
443 OTHER O.R. PROCEDURES FOR INJURIES W/O CC

Attachment C- LTCH Surgical DRGs
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461 O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES
471 BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY
476 PROSTATIC O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS
477 NON-EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS
479 OTHER VASCULAR PROCEDURES W/O CC
480 LIVER TRANSPLANT AND/OR INTESTINAL TRANSPLANT
481 BONE MARROW TRANSPLANT
482 TRACHEOSTOMY FOR FACE,MOUTH & NECK DIAGNOSES
484 CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA
485 LIMB REATTACHMENT, HIP AND FEMUR PROC FOR MULTIPLE SIGNIFICANT TRA
486 OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA
488 HIV W EXTENSIVE O.R. PROCEDURE
491 MAJOR JOINT & LIMB REATTACHMENT PROCEDURES OF UPPER EXTREMITY
493 LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W CC
494 LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W/O CC
495 LUNG TRANSPLANT
496 COMBINED ANTERIOR/POSTERIOR SPINAL FUSION
497 SPINAL FUSION EXCEPT CERVICAL W CC
498 SPINAL FUSION EXCEPT CERVICAL W/O CC
499 BACK & NECK PROCEDURES EXCEPT SPINAL FUSION W CC
500 BACK & NECK PROCEDURES EXCEPT SPINAL FUSION W/O CC
501 KNEE PROCEDURES W PDX OF INFECTION W CC
502 KNEE PROCEDURES W PDX OF INFECTION W/O CC
503 KNEE PROCEDURES W/O PDX OF INFECTION
504 EXTEN. BURNS OR FULL THICKNESS BURN W/MV 96+HRS W/SKIN GFT
506 FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W CC OR SIG TRAUMA
507 FULL THICKNESS BURN W SKIN GRFT OR INHAL INJ W/O CC OR SIG TRAUMA
512 SIMULTANEOUS PANCREAS/KIDNEY TRANSPLANT
513 PANCREAS TRANSPLANT
515 CARDIAC DEFIBRILLATOR IMPLANT W/O CARDIAC CATH
518 PERC CARDIO PROC W/O CORONARY ARTERY STENT OR AMI
519 CERVICAL SPINAL FUSION W CC
520 CERVICAL SPINAL FUSION W/O CC
525 OTHER HEART ASSIST SYSTEM IMPLANT
528 INTRACRANIAL VASCULAR PROC W PDX HEMORRHAGE
529 VENTRICULAR SHUNT PROCEDURES W CC
530 VENTRICULAR SHUNT PROCEDURES W/O CC

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531 SPINAL PROCEDURES W CC
532 SPINAL PROCEDURES W/O CC
533 EXTRACRANIAL PROCEDURES W CC
534 EXTRACRANIAL PROCEDURES W/O CC
535 CARDIAC DEFIB IMPLANT W CARDIAC CATH W AMI/HF/SHOCK
536 CARDIAC DEFIB IMPLANT W CARDIAC CATH W/O AMI/HF/SHOCK
537 LOCAL EXCIS & REMOV OF INT FIX DEV EXCEPT HIP & FEMUR W CC
538 LOCAL EXCIS & REMOV OF INT FIX DEV EXCEPT HIP & FEMUR W/O CC
539 LYMPHOMA & LEUKEMIA W MAJOR OR PROCEDURE W CC
540 LYMPHOMA & LEUKEMIA W MAJOR OR PROCEDURE W/O CC
541 ECMO OR TRACH W MV 96+HRS OR PDX EXC FACE, MOUTH & NECK W MAJ O.R.
542 TRACH W MV 96+HRS OR PDX EXC FACE, MOUTH & NECK W/O MAJ O.R.
543 CRANIOTOMY W/IMPLANT OF CHEMO AGENT OR ACUTE COMPLX CNS PDX
544 MAJOR JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY
545 REVISION OF HIP OR KNEE REPLACEMENT
546 SPINAL FUSION EXC CERV WITH CURVATURE OF THE SPINE OR MALIG
547 CORONARY BYPASS W CARDIAC CATH W MAJOR CV DX
548 CORONARY BYPASS W CARDIAC CATH W/O MAJOR CV DX
549 CORONARY BYPASS W/O CARDIAC CATH W MAJOR CV DX
550 CORONARY BYPASS W/O CARDIAC CATH W/O MAJOR CV DX
551 PERMANENT CARDIAC PACEMAKER IMPL W MAJ CV DX OR AICD LEAD OR GNRTR
552 OTHER PERMANENT CARDIAC PACEMAKER IMPLANT W/O MAJOR CV DX
553 OTHER VASCULAR PROCEDURES W CC W MAJOR CV DX
554 OTHER VASCULAR PROCEDURES W CC W/O MAJOR CV DX
555 PERCUTANEOUS CARDIOVASCULAR PROC W MAJOR CV DX
556 PERCUTANEOUS CARDIOVASC PROC W NON-DRUG-ELUTING STENT W/O MAJ CV DX
557 PERCUTANEOUS CARDIOVASCULAR PROC W DRUG-ELUTING STENT W MAJOR CV DX
558 PERCUTANEOUS CARDIOVASCULAR PROC W DRUG-ELUTING STENT W/O MAJ CV DX

Attachment D-FY 06 List of Hospitals not Receiving Quality Update (as of 9/1/05)

state_code	hsp_id	hsp_name
AK	020018	YUKON KUSKOKWIM DELTA REG HOSPITAL
AK	020019	SAMUEL SIMMONDS MEMORIAL HOSPITAL
AL	010008	CRENSHAW COMMUNITY HOSPITAL
AL	010015	SOUTHWEST ALABAMA MEDICAL CENTER
AL	010021	DALE MEDICAL CENTER
AL	010034	COMMUNITY HOSPITAL INC
AL	010045	FAYETTE MEDICAL CENTER
AL	010051	GREENE COUNTY HOSPITAL
AL	010052	LAKE MARTIN COMMUNITY HOSPITAL
AL	010058	BIBB MEDICAL CENTER
AL	010066	FLORALA MEMORIAL HOSPITAL
AL	010097	ELMORE COMMUNITY HOSPITAL
AL	010102	J PAUL JONES HOSPITAL
AL	010110	BULLOCK COUNTY HOSPITAL
AL	010115	RED BAY HOSPITAL
AL	010130	ST CLAIR REGIONAL HOSPITAL
AL	010138	HILL HOSPITAL OF SUMTER COUNTY
AZ	030027	COPPER QUEEN COMMUNITY HOSPITAL
AZ	030071	FORT DEFIANCE INDIAN HOSPITAL
AZ	030077	SAN CARLOS HOSPITAL
AZ	030084	CHINLE COMPREHENSIVE CARE FACILITY
AZ	030099	WHITE MOUNTAIN REGIONAL MEDICAL CENTER
AZ	030109	PROMISE SPECIALTY HOSPITAL - PHOENIX
CA	050248	NATIVIDAD MEDICAL CENTER
CA	050256	ORTHOPAEDIC HOSPITAL
CA	050257	GOOD SAMARITAN HOSPITAL
CA	050333	SENECA DISTRICT HOSPITAL
CA	050349	CORCORAN DISTRICT HOSPITAL
CA	050350	BEVERLY HOSPITAL
CA	050397	COALINGA REGIONAL MEDICAL CENTER
CA	050433	INDIAN VALLEY DISTRICT HOSPITAL
CA	050534	JOHN F KENNEDY MEMORIAL HOSPITAL, INC
CA	050543	COLLEGE HOSPITAL COSTA MESA
CA	050545	LANTERMAN DEVELOPMENTAL CENTER
CA	050546	PORTERVILLE DEVELOPMENTAL CENTER
CA	050547	SONOMA DEVELOPMENT CENTER
CA	050548	FAIRVIEW DEVELOPMENTAL CENTER
CA	050584	DRS' HOSPITAL MED CENTR OF MONTCLAIR
CA	050618	BEAR VALLEY COMMUNITY HOSPITAL
CA	050662	AGNEWS STATE HOSPITAL
CA	050668	LAGUNA HONDA HOSPITAL
CA	050720	TUSTIN HOSPITAL AND MEDICAL CENTER
CA	050725	CITY OF ANGELS MEDICAL CENTER
CA	050750	KINDRED HOSPITAL MODESTO
CO	060011	DENVER HEALTH MEDICAL CENTER
CO	060016	ST THOMAS MORE HOSPITAL, CENTURA HEALTH
CO	060043	KEEFE MEMORIAL HOSPITAL
CO	060049	YAMPA VALLEY MEDICAL CENTER
CO	060112	SKY RIDGE MEDICAL CENTER
FL	100024	FISHERMEN'S HOSPITAL
FL	100030	HEALTH CENTRAL

Attachment D-FY 06 List of Hospitals not Receiving Quality Update (as of 9/1/05)

FL	100048	JAY HOSPITAL
FL	100081	HEALTHMARK REGIONAL MEDICAL CENTER
FL	100106	DOCTOR'S MEMORIAL HOSPITAL
FL	100108	TRINITY COMMUNITY HOSPITAL
FL	100134	ED FRASER MEMORIAL HOSPITAL
FL	100139	NATURE COAST REGIONAL HOSPITAL
FL	100142	JACKSON HOSPITAL
FL	100172	SOUTH BEACH COMMUNITY HOSPITAL AND MEDICAL CENTER
FL	100175	DESOTO MEMORIAL HOSPITAL
FL	100266	GULF BREEZE HOSPITAL
FL	100277	DOUGLAS GARDENS HOSPITAL
GA	110020	NEWNAN HOSPITAL WEST
GA	110044	SUMTER REGIONAL HOSPITAL
GA	110080	SOUTHWEST HOSPITAL AND MEDICAL CENTER
GA	110105	COLQUITT REGIONAL MEDICAL CENTER
GA	110194	DONALSONVILLE HOSPITAL INC
GA	110212	SMITH NORTHVIEW HOSPITAL
GA	110225	PIEDMONT MOUNTAINSIDE HOSPITAL INC
ID	130065	MOUNTAIN VIEW HOSPITAL
IN	150057	ST. FRANCIS HOSPITAL MOORESVILLE
LA	190037	SOUTH CAMERON MEMORIAL HOSPITAL
LA	190114	HOMER MEMORIAL HOSPITAL
LA	190133	ALLEN PARISH HOSPITAL
LA	190149	RICHLAND PARISH HOSPITAL DELHI
LA	190151	RICHARDSON MEDICAL CENTER
LA	190190	CALDWELL MEMORIAL HOSPITAL
LA	190260	LINDY BOGGS MEDICAL CENTER
LA	190263	HEART HOSPITAL OF LAFAYETTE
LA	190265	LOUISIANA EXTENDED CARE HOSPITAL OF WEST MONROE
LA	190266	NEUROMEDICAL CENTER HOSPITAL,THE
MA	220153	SOLDIERS HOME OF HOLYOKE
MA	220172	UNIVERSITY HEALTH SERVICES
MI	230135	COTTAGE HOSPITAL
MO	260073	BARTON COUNTY MEMORIAL HOSPITAL
MO	260080	RIPLEY COUNTY MEMORIAL HOSPITAL
MS	250039	HARDY WILSON MEMORIAL HOSPITAL
MS	250059	MONTFORT JONES MEMORIAL HOSPITAL
MS	250060	JEFFERSON COUNTY HOSPITAL
MS	250107	WALTHALL COUNTY GENERAL HOSPITAL
MS	250151	ALLIANCE HEALTH CENTER
NC	340055	VALDESE GENERAL HOSPITAL INC
NC	340071	BETSY JOHNSON REGIONAL HOSPITAL
NC	340075	GRACE HOSPITAL INC
NC	340104	CRAWLEY MEMORIAL HOSPITAL
NC	340113	CAROLINAS MEDICAL CENTER/BEHAV HEALTH
NC	340132	MARIA PARHAM MEDICAL CENTER
NC	340137	BROUGHTON HOSPITAL-MEDICAL UNIT
NC	340138	DOROTHEA DIX HOSPITAL
NC	340153	PRESBYTERIAN-ORTHOPAEDIC HOSPITAL
NC	340156	CHEROKEE INDIAN HOSPITAL AUTHORITY
NC	340168	WILMINGTON TREATMENT CENTER
ND	350010	HEART OF AMERICA MEDICAL CENTER

Attachment D-FY 06 List of Hospitals not Receiving Quality Update (as of 9/1/05)

ND	350014	TOWNER COUNTY MEDICAL CENTER
ND	350063	PHS INDIAN HOSP AT BELCOURT-QUENTIN N BURDICK MEM
ND	350064	US PUBLIC HEALTH SERVICE INDIAN HOSPITAL
NE	280119	P H S INDIAN HOSPITAL
NM	320058	MESCALERO PHS INDIAN HOSPITAL
NM	320060	ZUNI PHS INDIAN HOSPITAL
NM	320067	GUADALUPE COUNTY HOSPITAL
NM	320084	ROOSEVELT GENERAL HOSPITAL
NV	290045	ST ROSE DOMINICAN HOSPITAL SIENA CAMP
OR	380021	TUALITY HEALTHCARE
PA	390036	MEDICAL CENTER BEAVER PA
PA	390112	WINDBER HOSPITAL
PA	390224	BARNES KASSON COUNTY HOSPITAL
PR	400011	HOSPITAL DR DOMINGUEZ
PR	400012	DR I GONZALEZ MARTINEZ ONCOLOGY HOSP
PR	400016	AUXILIO MUTUO HOSPITAL
PR	400017	SAN CARLOS GENERAL HOSPITAL
PR	400022	HOSPITAL DAMAS INC.
PR	400024	CLINICA ESPANOLA INC
PR	400028	HOSPITAL ONCOLOGICO ANDRES GRILLASCA
PR	400048	HOSP EPISCOPAL CRISTO REDENTOR
PR	400104	SAN JUAN BAUTISTA MEDICAL CENTER
PR	400121	HOSPITAL SAN GERARDO
PR	400122	PROFESSIONAL HOSPITAL
PR	400127	ADMIN DE SERVICIOS MEDICOS PUERTO RIC
SC	420005	ST EUGENE MEDICAL CENTER
SD	430081	PINE RIDGE IHS HOSPITAL
SD	430084	ROSEBUD IHS HOSPITAL
SD	430085	SISSETON IHS HOSPITAL
TN	440040	PERRY COMMUNITY HOSPITAL
TX	450123	RENAISSANCE HOSPITAL
TX	450243	HAMLIN MEMORIAL HOSPITAL
TX	450270	LAKE WHITNEY MEDICAL CENTER
TX	450399	BROWNFIELD REGIONAL MEDICAL CENTER
TX	450446	RIVERSIDE GENERAL HOSPITAL
TX	450489	MEDICAL ARTS HOSPITAL
TX	450754	HAMILTON GENERAL HOSPITAL
TX	450760	SOUTHWESTERN GENERAL HOSPITAL
TX	450825	CORNERSTONE REGIONAL HOSPITAL
TX	450834	THE PHYSICIANS CENTRE
TX	450876	LUBBOCK HEART HOSPITAL LP
TX	450884	EAST TEXAS MEDICAL CENTER - GILMER
UT	460054	CACHE VALLEY SPECIALITY HOSPITAL
VA	490135	CATAWBA HOSPITAL
WA	500140	HOSPICE CARE CENTER HOSPITAL
WA	500148	WENATCHEE VALLEY HOSPITAL
WV	510068	JEFFERSON MEMORIAL HOSPITAL
WV	510086	WELCH COMMUNITY HOSPITAL
WY	530017	SOUTH LINCOLN MEDICAL CENTER